

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: James E. Selis

Application No.: 10/631,204

Group No.: 3731

Filed: 07/31/2003

Examiner: Tyson, M.

For: BIOPSY DEVICES AND METHODS

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

- The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | |
|-------|-----------|-------------|----------|--------------|---------|--|
| | CLAIMS | | | | | |
| | REMAINING | HIGHEST NO. | PRESENT | | ADDIT. | |
| | AFTER | PREVIOUSLY | EXTRA | RATE | FEE | |
| | AMENDMENT | PAID FOR | | | | |
| TOTAL | 20 | 20 | 0 | \$ 25.00 | \$ 0.00 | |

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 10-20-00



Signature

Wendy Morgan

(type or print name of person certifying)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|------------|--------|------|--------|---------|
| INDEP. | 4 | - | 3 | = | 1 | x | \$ | 100.00 | = | \$ | 100.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | | + | \$ | 0.00 | = | \$ 0.00 |
| | | | | | | | TOTAL | | | | |
| | | | | | | | ADDIT. FEE | | \$ | 100.00 | |

Total additional fee for claims required \$100.00

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$100.00 to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

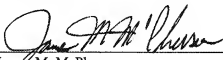
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date:

Oct 20, 2006



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